# **Evidence of Insurability (EOI) Rules**



## RLS Logistics Control Number: 72536

## Evidence of Insurability (EOI) Rules Reminder

We've outlined the Guarantee Issue and EOI Rules for your initial Prudential enrollment effective 01/01/2025 as well as provided the ongoing EOI requirements for subsequent future Annual Enrollment periods. A list of common enrollment definitions and terminology have been provided to help with any questions.

As your annual enrollment period approaches, below are some helpful reminders about the Evidence of Insurability (EOI) requirements that apply to your Prudential Group Optional Life plan:

Employee Status	EOI Rule for Optional Employee Life	EOI Rule for Optional Spouse Life
Initial Enrollment	Incremental Plans: Employees may add or increase coverage by any plan increment of \$10,000 or 5x salary up to the guarantee issue limit of \$150,000, without evidence of insurability. Elected amounts in excess of the plan parameters or the guarantee issue limit of \$150,000 is subject to evidence of insurability.	Spouses may increase coverage up to \$25,000 without EOI. Elected amounts in excess of the plan guarantee issue limit are subject to evidence of insurability.
Annual Enrollment	Current Participants Only for Voluntary Life Employee plan: Incremental Plans: Currently enrolled Employees only may increase coverage by any plan increment up to \$50,000 (not to exceed the guarantee issue limit), without evidence of insurability. Elected amounts in excess of \$50,000 or any amount in excess of the plan guarantee issue limit is subject to evidence of insurability.	Any increases or late entrants must submit EOI satisfactory to Prudential.
New Hires	New Hires may elect up to the Guarantee Issue of \$150,000 without EOI. Any amounts over the Guarantee Issue require EOI satisfactory to Prudential.	Spouses may elect up to the Guarantee Issue amount of \$25,000 without EOI. Any amounts over the Guarantee Issue require EOI satisfactory to Prudential.
Life Events	Any enrollment elections must be completed within 31 days of the life event. Enrollments over the Guarantee Issue require EOI satisfactory to Prudential.	Any enrollment elections must be completed within 31 days of the life event. Enrollments over the Guarantee Issue require EOI satisfactory to Prudential.

\*Children are never subject to EOI.



## **Evidence of Insurability (EOI) Definitions**

Eligibility		
Timely Entrant	An applicant who enrolls for the coverage within the initial eligibility period. New Hires would be considered timely if they enroll within 31 days from their eligibility date. The definition can also apply to a covered person if they were to increase coverage during an underwriting-approved Open Enrollment or upon occurrence of a Life Event.	
Late Entrant	An applicant who applies for insurance after the initial eligibility period has expired and therefore is subject to medical underwriting from the first dollar of coverage (or requested increase of coverage). Currently covered persons would be considered Late Entrants if they requested an increase in coverage at any time other than during the underwriting-approved Open Enrollment or upon occurrence of a Life Event.	
Life Event	Usually refers to marriage or divorce, becoming or ending a domestic partnership, birth or adoption of a child, death of a spouse, domestic partner or child, or change in work status of a spouse or domestic partner, but criteria may be tailored for each group.	
EOI Rules		
EOI	Evidence of Insurability; proof presented through written or electronic health statements (e.g., an application form or Evidence of Insurability form) and/or a medical examination indicating that an individual is eligible for a certain type of insurance coverage. Evidence of Insurability may also include blood and urine test results and medical records that show an applicant for insurance is an insurable risk; also known as 'evidence of good health.'	
Modified Open Enrollment	The period when an employee may elect to enroll or increase their coverage as a Timely Entrant outside of the initial eligibility period. Modified Open Enrollments are not automatic each year; Modified Enrollments need to be approved and designated as such by Financial Underwriting.	
Annual Enrollment	The period when an employee may elect to enroll or increase their coverage as a Late Entrant outside of their initial eligibility period; and require full EOI for any amount.	
Open Enrollment	The period when an employee may elect to enroll or increase their coverage as a Timely Entrant during the initial eligibility period; the increased amount is typically capped at the plan guarantee issue. Individuals previously declined due to failure to satisfy EOI are not eligible. Requests for amounts in excess of the non-med max are subject to normal EOI. Open Enrollments occur during a specific period and do not recur each year and must be approved and designated by Financial Underwriting. Open enrollments do not apply to spouse coverage unless specifically indicated by financial underwriting.	
Enrollment Types		
Annual Enrollment	Enrollment takes place annually based on the specified contract date when the employer is enrolling all other offered benefits. EOI is usually required for all coverage amounts, unless otherwise specified by Financial Underwriting.	
Off-Cycle Enrollment	Enrollment takes place for a period other than the traditional annual enrollment period. During an off-cycle employer focus their attention on one product that they are offering.	
Initial Enrollment with Prudential	Enrollment takes place when Prudential first takes over a plan from another carrier.	
First-Time Buyer Enrollment	Enrollment takes place and the employer has never had coverage with a prior carrier. This is also known as "virgin coverage."	
Annual One-Ups (applies to clients < 5,000 lives	During annual enrollment periods, you are able to increase employee coverage by one increment up to the GI without providing EOI if you are currently enrolled for coverage.	
Guaranteed Issue	The amount of coverage that can be enrolled without providing evidence of insurability (EOI).	

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### Enrolling via Prudential's Employer Web Portal:

If you are enrolling your employees for coverage through our Employer Portal, there will be a disclaimer for you to acknowledge. The disclaimer is asking you to confirm the plan requirements for coverage, <u>including any of the above required evidence of insurability</u> requirements, have been submitted and approved by Prudential before you add the coverage. Below is a copy of the message:

"I acknowledge that I have reviewed the terms and conditions of the group insurance coverage and confirm that all requirements for coverage to become effective have been satisfied, including but not limited to, confirmation of eligibility and providing any required evidence of insurability satisfactory to Prudential. I understand that for those applying for coverage within the eligibility period (timely entrants), evidence of insurability is required for the amount of coverage above the guaranteed issue amount, and for those apply outside the eligibility period (late entrants) or increasing their existing amounts of insurance, evidence of insurability is required for the entire amount or the increased amount of insurance coverage requested. I understand that if any information that has been provided is subsequently determined to be inaccurate, benefits will only be paid in accordance with the group insurance coverage."

#### Confirmation

As the plan administrator it is your responsibility to ensure your enrollment system and/or TPA's enrollment system have the EOI rules accurately programmed and have completed the proper testing to ensure the rules have been built into the enrollment system and are programmed to request EOI as outlined by Prudential. Further any required employee contributions should not be collected and remitted to Prudential until you receive confirmation that an employee's EOI has been approved by Prudential.

By confirming all applicable systems are updated correctly with each delivery of this EOI rule summary, requests for review of administrative errors specific to medical underwriting will be limited in scope. Any claims received will be administered under the terms of the contract.